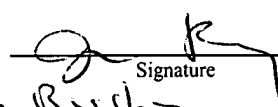


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Steve Bissel  
Application No.: 10/631,177 Group: 3751  
Filed: July 31, 2003 Examiner: David. J. Walczak  
Confirmation No.: 1423  
For: SPREADABLE FOOD PRODUCT DISPENSER

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
1-14-05	
Date	Signature
Jeanine Busby	
Typed or printed name of person signing certificate	

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [ ] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [X] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)		(COL. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	14	MINUS	* 20	0
INDEP	2	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

\* not fewer than 20  
\*\* not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$ 25	\$
X \$100	\$
+ \$180	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$50	\$
X \$200	\$
+ \$360	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
		\$	_____
		\$	_____
		TOTAL:	\$ <u>0</u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input checked="" type="checkbox"/>	Other Fees:		
	Request for Examination (RCE) Transmittal	\$	395
		\$	_____
		TOTAL:	\$ <u>395</u>

[X] A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Mary Lou Wakimura  
Mary Lou Wakimura  
Registration No.: 31,804  
Telephone (978) 341-0036  
Facsimile (978) 341-0136

Concord, Massachusetts 01742-9133

Dated: 1/14/05